

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		1. Department or Establishment, Bureau, Division or Office	2. VOUCHER NUMBER
			3. SCHEDULE NUMBER
<i>Read the Privacy Act Statement on the back of this form.</i>			5. PAID BY
CLAIMANT	4. a. NAME (<i>Last, first, middle initial</i>)	b. SOCIAL SECURITY NO.	
	c. MAILING ADDRESS (<i>Include ZIP Code</i>)	d. OFFICE TELEPHONE NUMBER	

[illegible]

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